Colorado Secretary of State 1700 Broadway, Suite 270 Denver, CO 80290 (303) 894-2200 (303) 869-4861 Fax www.sos.state.co.us



## CANDIDATE ACCEPTANCE OF DESIGNATION AND DECLARATION OF QUALIFICATION STATE HOUSE

[C.R.S. 1-4-601 & 1-4-1304]

## To the Honorable Gigi Dennis, Colorado Secretary of State:

This is to certify that the undersigned accepts the nomination for the office listed and that I am qualified to hold said office upon election and that the following information is true and correct to the best of my belief and how I wish my name to appear on the official ballot:

Title of Office/District:		
Name of Candidate: (WARN)  Address of Candidate:	INC. THIS IS HOW VOLID NAME I	WHI ADDEAD ON THE DAIL OT)
Address of Candidate:	<u>ING</u> : THIS IS HOW TOUR NAME V	VILL AFFEAR ON THE BALLOT)
City, State, Zip Code:		
	Date of Affiliation:	
County of Registration:	Precinct of Registration:	
Date of Birth of Candidate:		
Qualifications for Office: At least twenty-fito the Election. United States citizen.	ve years of age. Resident of	of the district at least twelve months prior
Candidate Signature		Date
STATE OF COLORADO COUNTY OF		
Subscribed and affirmed before me this	day of	, 20
SEAL	NOTARY PUBLIC	aission Evninos
	My Comn	nission Expires:

Revised October 2005